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# THE AMERICAN JOURNAL OF NURSING

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## EDITORIAL COMMENT

### THE HOME COMING OF PRIVATE DUTY NURSES

We wish we could stand on the pier and welcome every private duty nurse when she returns from military service, overseas. We wish we might be at the station to welcome back every private duty nurse returning from military service in this country. We feel that the private duty nurse has been missed more by the public than any other group of nurses that has gone out.

No doubt, many women who, before the war, were in hospital positions, know that they can return to their former places; while others probably know that their places have been definitely filled in the meantime.

For the private duty nurses, the situation is very different. Never before have they been more badly needed than they are now. Those women who were doing private duty nursing before the war and who wish to continue in this field, are sure of a warm welcome. Having to do without the services of a private duty nurse was, for some people, their greatest sacrifice during the war.

Because of the tremendous development in public health nursing, now under consideration by different agencies, many nurses from both the private duty and the institutional group will prefer to enter that line of work. We shall be greatly surprised if any nurses, on returning, find it difficult to obtain employment. The Red Cross Bureau of Information, with offices at 44 East 23rd Street, New York City, was established for the purpose of helping the home-coming nurses to locate advantageously.

The successful private duty nurse represents the highest type of woman in the profession. She must not only possess expert professional knowledge, but she must be able to employ practical psychology to a greater degree than nurses in any other group. There is no one who can take her place in the home when a member of the family is desperately ill and, at least for another generation or two,

the majority of the sick will be cared for in their homes rather than in hospitals.

The good private duty nurse is a worker, not a talker. It is through her services in the home that standards of nursing are established in the minds of the people, and it is because of her example that the people are being brought to see the value of the public health nurse in preventive work. We have in mind the highest type of professional nurse, not the commercial woman, who exists in nursing as in every other walk in life.

Although the ranks of the private duty nurse are constantly being drawn upon to provide material for all other groups of nurses, this group still outnumbers all the others combined, and it constitutes the most important nursing body to-day.

With such strong appeals for public health nurses, private duty nurses should realize that they are just as greatly needed to-day as they have ever been, and it should be a matter of choice with them as to which line opens for them the greater field of usefulness.

#### AS WE SEE IT

It seems to be impossible to draft a bill for state registration that can be made to please all the elements in the medical profession. The Illinois bill, with its plan for the "junior nurse," who is to be given a year and a half of training, although it has been approved by the State Department of Registration and Education, has met with bitter opposition in that state from one group of medical men, while it is strongly supported by other physicians.

The New York State bill, which is not mandatory, provides a nine months' course for the training of attendants, and a waiver which would practically register every person doing nursing for hire. While it meets the approval of the State Department of Education, a great body of lay men and women, and the highest type of medical men, it is being opposed by those men in the medical profession who have always been antagonistic to nursing legislation of every kind. We are coming to believe that this group forms an undercurrent of concerted opposition in nursing affairs.

We are convinced that if the matter of providing nurses for all the people could be placed absolutely in the hands of nurses themselves, satisfactory plans would quickly be evolved, but when legislation is being arranged, there has to be considered the commercial opposition of certain hospitals, some large, others small, some under church management, others under the state. There has also to be considered the lack of coöperation from different groups of religious sisterhoods, the opposition of correspondence and other so-called short-course

nursing schools, the indifference of some of our own members, and the determination of some medical bodies to actively dominate nursing affairs.

Strange as it may seem, no two of these groups approve or disapprove of the same things. The result is that such legislation as can be obtained is unsatisfactory to everyone. Of the forty-six laws for state registration in this country, there is not one that is wholly satisfactory to the nurses who have promoted it, because of the concessions forced upon them by the opposing forces.

In the plans embodied in the laws being put forth this year, the nurses have had but one thought in mind: the supplying of a larger force of people to care for the sick. In the terms of the Illinois bill, providing for a shorter-term nurse, to be known as the "junior nurse," and in the New York bill with its provision for trained attendants, the nurses are sacrificing themselves in order to serve the public. But these efforts are just as strongly opposed by the interests already mentioned as would have been a mandatory law limiting the practice of nursing to registered nurses only.

In all our experience with state registration, we have never found opposition, which, when analyzed, was really promoting the public well-being. It was all more or less self-interested, intended either to benefit the individual himself, his particular hospital or training school, or something in which he was personally interested, aside from the best good for the greatest number.

No one knows better than the nurses themselves, the nursing needs of the hour. They are perfectly conscious of the defects within their own ranks—but the institutions maintaining training schools must share a part of this responsibility. They know the need of more nurses for the homes of moderate means, and if the advice of nurses could be followed, some of the imperfections in training schools might be removed, and the shortage of nurses for the middle class be quickly overcome.

With such a variety of commercial and personal interests to combat, conditions which might be remedied in a few years will probably drag on for decades. It is remarkable that in spite of all this opposition, which had its beginning in the days of Florence Nightingale, back in the Crimean War, the standards of nursing have steadily advanced, although to the leaders, it has seemed with painful slowness. This opposition is an evidence that nurses are of great value in the social and economic structure, consequently, there have been those who have tried to get the profession under their control. The leaders in any educational or philanthropic movement have always had this to contend with. But there is comfort in the knowledge that

the highest type of people, lay and medical, have always been in sympathy with nursing ideals.

#### INTERNATIONAL PUBLIC HEALTH

An international affiliation for the betterment of the health of the world is the last step announced in the Red Cross reconstruction plans. Dr. Livingston Farrand, president of Colorado University and now at the head of the Central Committee of the American Red Cross, is to attend the conference in Geneva on this subject.

Plans for the broadening of preventive work of every kind have been previously mentioned in these pages, and we have noted the need of calling into the public health service great numbers of our most highly trained women.

The question of some definite instruction along these lines, for nurses in training, has been frequently discussed. A few hospitals have established such courses and they are now giving a selected group of pupils the benefit of some field work before graduating. But for graduate nurses, a greater number of courses in public health nursing is needed.

Last month we referred to public health scholarships which are being provided by Red Cross Chapters in Michigan. Every organization interested in the public welfare should be asked to aid in this work, thus making possible the preparation of large numbers of graduate and pupil nurses for this particular field, so essential to our national vigor.

#### THE RED CROSS CAPE

The Red Cross cape with its scarlet lining is very dear to those who have worn it. Its fetchingness has no doubt induced some nurses to enroll for war service, and one of the hardships of being demobilized is having to part with it.

These capes are the property of the Red Cross which issued them. A mandatory ruling requires that they be returned when a nurse is discharged from the service. Instances have been noted in which nurses have failed to comply with this regulation. While there is always more or less misunderstanding about such matters, anyone seeing a nurse wearing a Red Cross cape, after she has been formally discharged from service, may know that in wearing it, she is guilty, whether wilfully or through ignorance, of a breach of regulations.

#### FRAUDULENT AGENTS

A warning has been issued by some of the medical publishers regarding a man from Boise, Idaho, who is soliciting orders for books, from hospitals, sanitariums, and nurses. This gentleman makes it a

practice to collect money in advance and then disappears without giving his customers anything for their money except a pleasant smile. Our readers should be on the lookout for this man, and should beware of paying money to any agent with whom they are not personally acquainted.

What holds good about books, holds good about subscriptions to this magazine. Every little while we hear of nurses who have been duped by agents said to represent the JOURNAL. We have no men solicitors in the field for the AMERICAN JOURNAL OF NURSING, so we are not able to make any redress to nurses who have been defrauded in this way. Unless the agent can prove beyond a doubt that he is the bona fide representative of one of the large magazine subscription agencies, the subscription should not be placed with him under any consideration.

#### NEW OFFICES FOR THE JOURNAL

During the time that this number of the JOURNAL was being printed, the JOURNAL family moved its offices from 45 South Union Street, to 19 West Main Street. It is not necessary for our friends to burden themselves with this new number, as the simple address, THE AMERICAN JOURNAL OF NURSING, Rochester, N. Y., is sufficient for mail to reach us.

This change marks another era in the JOURNAL's development. During the first two years of its existence its headquarters was in the trunk of the Editor-in-Chief, then in an office in her house, rent free, for twelve years; after that, for five years, we shared offices with the Central Directory of the Monroe County Registered Nurses' Association. Having outgrown these quarters, the JOURNAL is now established in handsome offices in the Great American Insurance Building, with all the conveniences and service of a modern office building.

Of course this means increased expense, to meet which we must increase our business. One of our economies will be the elimination of illustrations, except very important ones, such as portraits of well-known women. We want to remind our subscribers who are members of the American Nurses' Association that they all have an obligation in helping us to increase the JOURNAL subscription list.

#### A SUGGESTIVE OUTLINE FOR THE USE OF RED CROSS CLASSES

Instructors of Red Cross classes in Elementary Hygiene and Home Care of the Sick have probably found it difficult to arouse enthusiasm among the students if they have presented the subjects in the order in which they are introduced in the text book.

At the Red Cross Conference of Chapter Supervisors and

Instructors, held in New York City early in February, Miss Frederika Farley, chief of the Red Cross teaching center in New York, presented an outline of an entirely different arrangement, which has been found to overcome this difficulty. For the benefit of nurses who are serving as instructors of these classes, Miss Farley's outline is presented here:

Lesson I. Talk by nurse on object of course, work done in past and work for the future. Demonstrate: Plain bed, show bed, open bed. Advance to plain bed with rubber draw sheet, fracture bed, ether bed. Emphasize paragraph I, page 146. Give opportunity to pupils to come in and practice. Give out for study, Chapters I and VI.

Lesson II. Discuss Chapters I and VI. Take culture from "clean" hands of some pupil in class. Demonstrate growth of bacteria at next lesson. Demonstrate any beds not taken up at first lesson. Make patient up in bed. Practice. Give out Chapter II. Opportunity to give talk on General Public Health.

Lesson III. Discuss Chapter II. Practice practical work of other lessons. Talk on city's responsibility to house dwellers and factory workers. Give out Chapter VII.

Lesson IV. Discuss Chapter VII. Demonstrate bed. Give out Chapter III.

Lesson V. If possible, have an ideal nursery for the baby lesson. Discuss Chapter III. Demonstrate baby's bath. Talk on federal, state, and local agencies for babies' welfare. Give out Chapter IV.

Lesson VI. Discuss Chapter IV. Demonstrate,—temperature, pulse, and respiration. Written review of all previous work. Give out Chapter V.

Lesson VII. Discuss Chapter V. Demonstrate foot bath and hair wash. Practical suggestions from instructor for home use. Give out Chapter VIII.

Lesson VIII. Discuss Chapter VIII. Demonstrate hot water bottle, ice bag, ice compresses, cradles, rubber ring, cotton ring, etc., besides appliances and methods spoken of in book. Add such practical knowledge as the instructor can from her personal knowledge in caring for the sick. Give out Chapter IX.

Lesson IX. Discuss Chapter IX. Demonstrate sponge bath. Give out Chapter X.

Lesson X. Written review of Chapters I to X. Demonstrate measuring and giving medicines, getting patient up out of bed for first time. Recommend yearly physical examination. e.g. Life Extension Institute. Emphasize paragraph 2, page 202; paragraph 2, page 207; paragraph 1, page 205. Give out Chapter XI.

Lesson XI. Discuss Chapter XI. Demonstrate mustard paste, flaxseed poultice, stupes. Give out Chapter XII.

Lesson XII. Discuss Chapter XII. Demonstrate enema. Emphasize paragraph 1, page 254. Give out Chapter XIII.

Lesson XIII. Discuss Chapter XIII. Give talk on principle of applying a surgical dressing, with a practical demonstration of a few simple bandages. Give out Chapter XIV.

Lesson XIV. Discuss Chapter XIV. Talk on public health agencies. Review as much practical work as possible.

Lesson XV. General oral and practical review in preparation for examination.

#### RANK FOR NURSES

We hope not one of our readers will put down this JOURNAL until she has read Miss Noyes' letter addressed to presidents, officers, and members of the State Associations, on the subject of Rank for Nurses.

Many nurses returning from overseas service have had unnecessarily hard and unpleasant experiences because they were without rank. We are urging these nurses to put such facts into writing and send them to Mrs. Helen Hoy Greeley, Counsel, National Committee to Secure Rank for Nurses, 717 Woodward Building, Washington, D. C. Do not send anonymous letters. They have no weight with any one. Be sure, too, that your facts can be corroborated by a fellow worker, and do not fail to give the time and place of the incident. The publicity committee will be most discreet in the use of this information.

Only through concrete evidence of this sort can we bring home to our representatives in Congress the pressing need of rank for nurses.

#### MISS DELANO CONVALESCENT

We have heard that Miss Delano was ill after reaching France, but the latest report is that she is greatly improved.